Department of Health Services Laboratory Field Services 1111 Broadway, 19th Floor Oakland, CA 94607-4036

ASSISTED REPRODUCTIVE TECHNOLOGY (ART) QUESTIONNAIRE

Τh	e following questions need only	y to be answered for tissue bai	nks performing ART procedures.	
1.	If the tissue bank does not perform oocyte retrieval and/or semen collection as part of the ART procedure or otherwise, a its location(s), complete the following items.			
	Facility name where oocyte retrieval and/or semen collection is performed		Telephone number	
	Address (number, street)		City	ZIP code
2.	List names, titles, and qualifications of persons responsible for collection, processing, storage, or distribution of tissue by the tissue bank. Attach C V or resume of personnel not duplicated on Tissue Bank Personnel Report (LAB 169).			
	Last Name	First Name and Middle Initial	Qualifications (Include Titles, If Any)	Days/Hours Worke
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